

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:

County Kent
 City or town Chesertown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:
Georgetown
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chesertown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Georgetown
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John William Blackston

3. (b) Social Security Number

4. Sex m. 5. Color or race col 6.(a) Single, married, widowed, or divorced married
 8.(b) Name of husband or wife Marianne Blackston
 7. Birth date of deceased (mo., day, yr.) March 9 1870
 6.(c) If alive, give age 69 years
 8. AGE: Years 77 Months 4 Days 26 If less than one day
 hrs. min.

9. Birthplace Georgetown Kent Co, Md
 (Town, county, and state)
 10. Usual occupation Farming retiral
 11. Industry or business
 12. Name John Blackston
 13. Birthplace not known
 14. Maiden name Larrah Brown
 15. Birthplace Kent Co, Md

16. Informant Mar Marrian Blackston
 Address Georgetown P.O Chesertown Md
 17. Burial Date thereof Jan 6, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Georgetown
 Location Georgetown
 18. Funeral director Chesertown
 Address Chesertown Md
 19. Jan 6, 1948 F. H. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1948 at 7:30 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec 28 1947 to Jan 4 1948
 and that I last saw him alive on Dec 18 1947
 Immediate cause of death chron. Endo-lygocarditis
decompensation
 Due to arterio sclerosis
 Due to hypertension
paralysis of left side 17 years
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Albert A. Burgess M. D. or other
Rock Hall, Md. Date signed 1/4/48
 Address

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JAN 8 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County... Kent

City or town... Chestertown R.D. #3
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? one

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent

City or town... Chestertown R.D. #3 Md.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2(a) If veteran, name war No

3. (a) FULL NAME

Comegys Irving Brown

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Nellie Brown

7. Birth date of

deceased (mo., day, yr.)

July 22, 1906

6. (c) If alive, give age 40 years

8. AGE:

Years

Months

Days

If less than one day

41

6

6

hrs.

min.

9. Birthplace

Kent Co Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farming

FATHER

12. Name

Wm. T. Brown

13. Birthplace

Kent Co Md.

MOTHER

14. Maiden name

Elizabeth England Brown

15. Birthplace

Montgomery Co Md.

16. Informant

Mrs. Nellie Brown

Address

Chestertown R.D. #3 Kent Co Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Jan. 30, 1948
(month) (day) (year)

Cemetery or crematory

Chester

Location

Chestertown, Maryland

18. Funeral director

Marvin V. Williams

Address

Chestertown, Maryland

19.

Date rec'd by registrar

Jan. 29, 48

Clara S. Barnes.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28, 1948 19..... at 2.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Did not attend Investigated death 19.....
signed certificate as Deputy Med. Exam.

Immediate cause of death

Suicide

DURATION

Shotgun wound face and head Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Jan. 28, 48

Where did injury occur? Home Chestertown R.D. #3 Md.
(City or town) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

shotgun

Injured at work? No

23. SIGNATURE

Chestertown Md Deputy Med Exam
Address Date signed Jan. 29, 48

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JAN 31 1948
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred: Piney neck
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Piney neck
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Margaret Ann Crouch

3. (b) Social Security Number

4. Sex female 5. Color or race W. 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Charles Crouch
 6.(c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) Nov 11 1874
 8. AGE: Years 73 Months 1 Days 22 It less than one day - hrs. - min.

9. Birthplace Queen Ann's Co, Md.
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business own house
 12. Name Thomas & Cecil
 13. Birthplace Queen Ann's Co, Md
 14. Maiden name Isabelle Stanley
 15. Birthplace Caroline Co, Md

16. Informant Charles Crouch Jr
 Address Rock Hall, Md
 17. Burial Date thereof Jan 4 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Centerville Cemetery
 Location Centerville Md.
 18. Funeral director Edgar L Lane
 Address Church Hill Md
 19. 1/4 19 48 S Elwood Bogue
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

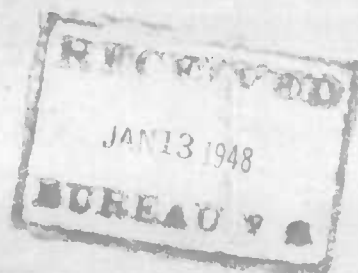
20. DATE OF DEATH January 2 19 48 at 100 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 47 to Jan 2 19 48
 and that I last saw him alive on Dec 31 19 47

Immediate cause of death Carcinoma of bladder
 Due to Hypertension
 Due to Chronic Endo-Pyocystitis
 Other conditions -
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -
 Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE Albert A Burghard M. D. or other -
 Address Rock Hall, Md. Date signed 1/2/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 902

1. PLACE OF DEATH: Kent
County.....
City or town.....Pomona
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Chesutown P.O. #3
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Maryland County.....Kent
City or town.....Chesutown P.O. #3
(If outside city or town limits, write RURAL and give nearest town)
Street No.....Pomona
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Emma May Dickson

3. (b) Social Security Number

4. Sex.....Female 5. Color or race.....White 6. (a) Single, married, widowed, or divorced.....Widowed
6. (b) Name of husband or wife.....(late) Wm. C. Dickson
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.).....February 24 1885
8. AGE: Years.....62 Months.....10 Days.....15 If less than one day..... hrs. min.

9. Birthplace.....Quaker Hill Kent Co. Maryland
(Town, county, and state)

10. Usual occupation.....housewife

11. Industry or business.....house

12. Name.....Mrs. Ligg
13. Birthplace.....Kent Co. Maryland

14. Maiden name.....Emily Burger
15. Birthplace.....Kent Co. Maryland

16. Informant.....Mr. Walter S. Dickson
Address.....Chesutown P.O. #3 Md.

17. Burial Date thereof.....Jan. 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....Chesutown
Location.....Chesutown Md.

18. Funeral director.....Morris V. Williams
Address.....Chesutown Maryland

19. Jan. 11 19 48 Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....January 8 19 48 at 9:30-4 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 3 19 48, to Jan 8 19 48
and that I last saw h..... alive on.....Jan 3 19 48

Immediate cause of death.....Cerebral hemorrhage
Paralysis of speech, left arm
Due to.....left leg
arteriosclerosis
Due to.....hypertension
chronic - myocarditis
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?.....

23. SIGNATURE.....Albert A. Burgard M. D. or other
Rock Hall, Md. Address.....
Date signed.....1/8/48

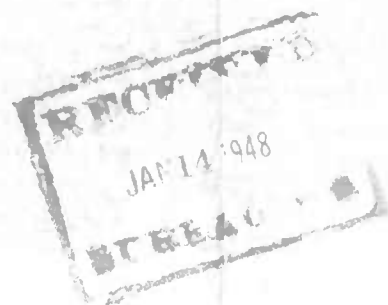
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00603

Reg. Dist. No. 2.02

1. PLACE OF DEATH:

County..... Kent
 City or town..... Chesportown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Several months
 Hospital, institution, or street address where death occurred:
Broad neck
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent
 City or town..... Chesportown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Broad neck
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

James Thomas Elburn

3. (b) Social Security Number

4. Sex..... M. 5. Color or race..... Wh. 6.(a) Single, married, widowed, or divorced..... Widowed

8.(b) Name of husband or wife..... Rebecca Elburn

7. Birth date of deceased (mo., day, yr.)..... May 29 1861 6.(c) If alive, give age..... years

8. AGE: Years..... 86 Months..... 7 Days..... 29 It less than one day..... hrs. min.

9. Birthplace..... Kent Co., Md.
 (Town, county, and state)

10. Usual occupation..... gatekeeper

11. Industry or business..... retired

12. Name..... Mr. Elburn

13. Birthplace..... Kent Co., Md.

14. Maiden name..... Mary De Ford

15. Birthplace..... Maryland

16. Informant..... Mrs. Daisy Pabst

Address..... Baltimore

17. Burial..... Date thereof..... 1/30/1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Ashley's Burial Home

Location..... Rock Hall, Md.

18. Funeral director..... Edgar J. Lane

Address..... Church Hill, Md.

19. Jan. 30, 1948..... Clara D. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 27 1948 at..... 2:57 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12/31 1947 to 1/27 1948
 and that I last saw h..... alive on 1/27 1948

Immediate cause of death..... all age

chron. pulm. - hyperostosis

Due to..... broncho - pneumonia

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... A. Burgard M.D.
 Address..... Rock Hall, Md. Date signed..... 1/28/48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 202

1. PLACE OF DEATH:

County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 2 weeks

3. (a) FULL NAME

William B Greenwood

4. Sex

male

5. Color of race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Robert W Greenwood

7. Birth date of deceased (mo., day, yr.)

Sept 1915

8. AGE:

62 years 4 months days If less than one day

9. Birthplace

Maryland, Kent Co
(Town, county, and state)

10. Usual occupation

Salvage

11. Industry or business

Paul H. Greenwood

12. Name

William B Greenwood

13. Birthplace

Baltimore, Md

14. Maiden name

Barbara McGinnis

15. Birthplace

Maryland, Kent Co

16. Informant

Paul H. Greenwood

Address

Chestertown, Md

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Chester Cem.

Location

Chestertown, Maryland

18. Funeral director

J. Willis Wells

Address

Chestertown, Md.

19. Date rec'd by registrar

Jan. 12 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

227-01-2509

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 8 at 11:27 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 31 to Jan 8 1948and that I last saw him alive on Jan 8 1948

Immediate cause of death

Lobar pneumoniaDue to Chronic BronchialasthmaDue to myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? none

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Paul H. GreenwoodAddress Chestertown, MdDate signed Jan 11/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County..... Kent
 City or town..... Norton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 hours
 Hospital, institution, or street address where death occurred:
 Norton Point
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Kent
 City or town..... Norton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Norton Point
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Girl Hynson

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White —

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan 14 1948
 6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
 7 hrs. min.

9. Birthplace..... Norton Md
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... George A Hynson

13. Birthplace..... Buttertown Md

14. Maiden name..... Cordelia A. Butcher

15. Birthplace..... Chestertown, Md

16. Informant..... George Hynson

Address..... Norton, Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 16 1948
 (month) (day) (year)

Cemetery or crematory..... Norton Point

Location..... Norton Md

18. Funeral director..... B.R. Fellows

Address..... Still Pond, Md

19. Jan 16 1948 J. Melach
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 15 1948, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 14 1948 to Jan 15 1948

and that I last saw him alive on Jan 14 1948

Immediate cause of death.....

DURATION

Due to..... Prematurity

Due to..... 6 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... Albert G. Burgard

M. D. or other

Address..... Rock Hall, Md

Date signed..... 1/15/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County KentCity or town Millington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

King's Nursing Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Miss. Mary Ella Melvin

3. (b) Social Security Number

no4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced single6.(b) Name of husband or wife none

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 18548. AGE: Years 93 Months II Days 20 If less than one day hrs. min.9. Birthplace Kent Co. Maryland

(Town, county, and state)

10. Usual occupation housework

11. Industry or business

12. Name John F. Melvin13. Birthplace Maryland14. Maiden name Hester A. Tharp15. Birthplace Delaware16. Informant Mrs. Harry CulverAddress Middletown, Del.17. Burial Jan. 9, 1948

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Chestertown, Md.Location Chestertown, Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.19. Jan. 7, 1948 Edmund Fellows

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 19 48 at 11³⁰ A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 19 47 to Jan 6 19 48and that I last saw him alive on Jan 5 19 48Immediate cause of death chr. myocarditis DURATIONDue to Arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Hamilton M. D. or otherAddress Millington md Date signed 7/6/48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent
City or town Horton md Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
City or town Rural Horton md
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charlie Morris

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 59 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Kent Co md
(Town, county, and state)

10. Usual occupation Farm work

11. Industry or business Farm Atlas Landmarks

12. Name William Morris

13. Birthplace East India

14. Maiden name Julia Scott

15. Birthplace Kent Co md

16. Informant Nicholas Morris

Address 5344 Philadelphia Pa

17. Burial Date thereof Feb 2 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Fountain

Location Horton, md.

18. Funeral director B.R. Bellows

Address Still Pond md

19. Feb 2 18 48 J. McLean
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 19 48 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29 19 48 to Jan 31 19 48
and that I last saw him alive on Jan 29 19 _____

Immediate cause of death

Coronary thrombosis

DURATION

2 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

X G Simpson
Chas. E. Town
Address _____ Date signed 1-31-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 4 1948
FEBRUARY 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent
City or town Georgetown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Kent
City or town Georgetown Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Carroll Leon Schofield

3. (b) Social Security Number

216-10-0555

4. Sex Male 5. Color or race White 6.(d) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov 13 1881 6.(c) If alive, give age years

8. AGE: Years 66 Months 2 Days 8 If less than one day
hrs. min.

9. Birthplace Fredericktown Md.
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

12. Name John C. Schofield

13. Birthplace Cecil County Md

14. Maiden name Anna M. Schofield

15. Birthplace Cecil County

16. Informant Anna Schofield

Address Georgetown Md

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Jan 24 1948
(month) (day) (year)

Cemetery or crematory Georgetown

Location Georgetown Md

18. Funeral director B. P. Holloway

Address Still Pond, Md.

19. Jan. 23 1948 Elizabeth J. Murphy

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1948 at 2200 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1947 to Jan 18 1948

and that I last saw him alive on Jan 18 1948

Immediate cause of death Coronary Occlusion

Due to Anterior sclerotic

Cardiac - Renal Disease

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Walter L. Lee

Address Middletown Del

Date signed 1/22/48

M. D. or other

Reg. Dist. No. 200

VS A15

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1

Lee Middleton

00608



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH

County FrederickCity or town Millets
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Preston P.R. Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

Nora Alice Waldron

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife Elmer M. Waldron

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 8, 18668. AGE: 81 Years 81 Months 0 Days 0 It less than one day _____ hrs. _____ min.9. Birthplace Carroll Co. Md.
(Town, county, and state)10. Usual occupation House work

11. Industry or business _____

12. Name Samuel Buckley13. Birthplace Carroll Co.14. Maiden name Letitia Wright15. Birthplace Caroline Co.16. Informant My Cousin HelenAddress Chesapeake P.R. Md.17. Burial Date thereof 1/5/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory John A MLocation Preston Md.18. Funeral director J. M. HallisAddress Preston Md.19. Jan 3 19 48 F. O. Smith
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3rd. 1948 at 1230 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1946 to Jan 1 1947and that I last saw him alive on Jan 1 1947Immediate cause of death Chronic Endocarditis

DURATION

4 yrs

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

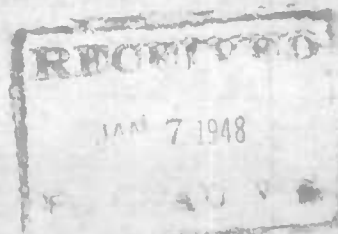
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lanceo. Smith M. D. or otherAddress Chesapeake Date signed Jan 3/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent
City or town Horton md Rural Coleman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Kent
City or town Rural Horton md
(If outside city or town limits, write RURAL and give nearest town)
Street No. Colemans
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Rhoda Grisky Walley

3. (b) Social Security Number

220-12-0384

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Reese Walley 6.(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Mar 9 1903
8. AGE: Years 44 Months 10 Days 11 If less than one day
hrs. min.

9. Birthplace rural Coleman's Horton md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Charles E Grisky
13. Birthplace Kent Co md
14. Maiden name Mary Jane Kennard
15. Birthplace Still Pond md.

16. Informant Reese Walley

Address Horton md Rural

17. Burial Date thereof Jan 24 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Coleman md

Location Coleman's Horton md.

18. Funeral director B.H. Fellows

Address Still Pond md

19. Jan 24 19 48 JML
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 19 48 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 47 to Jan 20 19 48
and that I last saw her alive on Jan 20 19 48

Immediate cause of death chronic endo-syocarditis
decompensation

Due to anemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert A Burgard M. D. or other

Address Rock Hall, md Date signed 1/22/48

MARGIN RESERVED FOR BINDING

VS A15

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